

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **103**

Registered No.

1. PLACE OF BIRTH

County Gila State

Township or Village

City Winkelman (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

2. Full name of child

Matilda Morales

{ If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate Yes 8. Date Mar 4 1932
(Month, day, year)

9. Full name Crescencio Morales FATHER 18. Full maiden name Rosana Grey MOTHER

10. Residence (usual place of abode) Winkelman 19. Residence (usual place of abode) Winkelman
(If nonresident, give place and State) (If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 33 (Years) 20. Color or race Mex 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Colorado 22. Birthplace (city or place) Colorado
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as miner 23. Trade, profession, or particular kind of work done, as housewife
sawyer, bookkeeper, etc. typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. coffer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

28. If stillborn, period of gestation { months or weeks } 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Hueston M.D.

or Midwife

Given name added from a supplemental report (Date of)

Address San Carlos Ave

Filed April 6, 1932 PSA Registrar

4/2-304-969

Registrar

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